



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
<http://www.cns.state.va.us/dmas>

MEDICAID MEMO

TO: All Community Mental Health Rehabilitative Services
Providers participating in the Virginia Medical Assistance
Program, Health Maintenance Organizations providing services
to Virginia Medicaid recipients, and all holders of the
Community Mental Health Rehabilitative Services provider
manual

MEMO	Special
DATE	03-01-01

FROM: C. Mack Brankley, Acting Director
Department of Medical Assistance Services

SUBJECT: Revision of Supervision Requirements for Paraprofessionals

The purpose of this memorandum is to provide a revision of the current requirements for supervision of paraprofessionals providing Community Mental Health Rehabilitative Services. In addition, *Community Mental Health Rehabilitative Services Manual* update CMHR-02-01 is enclosed to provide the updated pages for your manual. **(Please note that page 8 in CMHR-02-01 replaces page 8 in CMHR-01-01.)**

The Department of Medical Assistance Services received comments that providers would not be able to comply with the direct supervision requirement for paraprofessionals. This level of staff was implemented in the January 1, 2001, revision of the *Community Mental Health Rehabilitative Services Manual*. Due to the newness of the role, there are limited numbers of qualified paraprofessionals.

The Department of Medical Assistance Services will allow staff who do not meet the qualifications for a paraprofessional and who were employed as of January 1, 2001, to be supervised by qualified paraprofessionals and Qualified Mental Health Professionals (QMHPs) who are available by telephone. This provision will be in effect until August 31, 2001, to allow for the training of paraprofessionals to meet the requirements. Other supervision requirements, such as face-to-face supervision and documentation of supervision in the record, will still apply and will not be delayed. The supervision requirements for Psychosocial Rehabilitation Services are described in Chapter IV, pg. 10. The supervision requirements for Mental Health Support Services are described in Chapter IV, pg. 15.1. Please note that this extension only applies to staff who were employed as of January 1, 2001.

Staff employed after January 1, 2001 must meet the paraprofessional qualifications in one of three ways:

- meet the paraprofessional requirements when hired, or
- be working directly with a qualified paraprofessional, or
- be working directly with a qualified paraprofessional until the classroom and experiential training is completed.

All paraprofessionals must be supervised by a QMHP, during and after the phase-in period.

After August 31, 2001, paraprofessionals, who were employed as of January 1, 2001, and who do not meet the qualifications, must work directly with a qualified paraprofessional and be supervised by a QMHP until the requirements for a qualified paraprofessional are met.

MAR/01/01

COPIES OF MEDICAID MEMORANDA AND PROVIDER MANUALS

DMAS publishes searchable and printable copies of its provider manuals and Medicaid memoranda on the Internet. Please visit the DMAS website at <http://www.cns.state.va.us/dmas/>. Click on "Provider Manuals" for Medicaid and SLH provider manuals or click on "Provider Information" to see Medicaid memoranda. The Internet is the fastest way to receive provider information.

HEALTH MAINTENANCE ORGANIZATIONS

This Medicaid Memo is provided for information only.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The "HELPLINE" numbers are:

786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the "HELPLINE" is for provider use only.



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MEDICAID PROVIDER MANUAL UPDATE

TO: All Community Mental Health Rehabilitative Services providers participating in the Virginia Medical Assistance Program, Health Maintenance Organizations providing services to Virginia Medicaid recipients, and all holders of the *Community Mental Health Rehabilitative Services* Medicaid provider manual

FROM: C. Mack Brankley, Acting Director
Department of Medical Assistance Services

SUBJECT: Update to First Edition of the *Community Mental Health Rehabilitative Services* provider manual

UPDATE: CMHR-02-01

DATE: 3/1/2001

The purpose of this memorandum is to provide revised pages for your provider manual. The attached table shows the changes to the manual. Please insert the new pages and retain the attached table.

Amendments to Chapter IV inform providers that the requirement for the direct supervision of paraprofessionals (who were employed as of January 1, 2000) will not be in effect until September 1, 2001, and refers them to the Medicaid Memo dated March 1, 2001, for details. **Please note that page 8 issued with this update will replace the page 8 in the CMHMR-01-01 dated 04/01/2001.**

Please review these changes carefully.

COPIES OF MANUALS

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Attachment (1)

MAR/01/01

COMMUNITY MENTAL HEALTH REHABILITATIVE SERVICES MANUAL
REVISION CHART
March 1, 2001

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
Chapter IV	Page 6		Page 6	3/01/2001
Chapter IV	Page 8		Page 8	3/01/2001
Chapter IV	Page 10		Page 10	3/01/2001
Chapter IV	Page 15.1		Page 15.1	3/01/2001

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
Chapter IV	Page 6	New Page 6	
Chapter IV	Page 8	New Page 8	
Chapter IV	Page 10	New Page 10	
Chapter IV	Page 15.1	New Page 15.1	

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5. Children in preschool enrichment and early intervention programs when the children's emotional or behavioral problems, or both, are so severe that they cannot function in these programs without additional services.

Required Activities

- Evaluation, medication education and management, opportunities to learn and use daily living skills and to enhance social and interpersonal skills (e.g., problem-solving, anger management, community responsibility, increased impulse control, and appropriate peer relations, etc.), and individual, group and family counseling.
- There must be a face-to-face diagnostic assessment and authorization by a licensed mental health professional or certified psychiatric nurse prior to service initiation.
- An ISP must be completed by a QMHP documenting the need for services within 30 days of service initiation.
- Services must be provided in accordance with the ISP.
- At a minimum, services are provided by qualified paraprofessionals under the supervision of a QMHP. (This will include current experienced staff who do not meet the criteria).
- Supervision is demonstrated by the QMHP by a review of progress notes, the consumer's progress towards achieving ISP goals and objectives and recommendations for change based on the individual's status. Supervision must occur and be documented in the clinical record monthly.
- Paraprofessionals who do not meet the experience requirement listed in Chapter II, may provide services for Medicaid reimbursement if they are working directly with a qualified paraprofessional onsite and supervised by a QMHP. The requirement for the direct supervision of paraprofessionals (who were employed as of January 1, 2000) will not be in effect until September 1, 2001. (Please see the Medicaid Memo dated March 1, 2001, for details.) Supervision must include onsite observation of services, face-to-face consultation with the paraprofessional, a review of the progress notes, the consumer's progress towards achieving ISP goals and objectives and recommendations for change based on the individual's status. Supervision must occur and be documented in the clinical record monthly.
- The program must operate a minimum of two hours per day at least five days per week and may offer flexible program hours (e.g., before school or after school or during the summer).
- The minimum staff-to-youth ratio must ensure that adequate staff is available to meet the needs of the youth identified on the ISP.
- If case management is being provided, there must be coordination with the case management agency.

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Required Activities

- Major diagnostic, medical, psychiatric, psychosocial, and psychoeducational treatment modalities designed for adults with serious mental disorders who require coordinated, intensive, comprehensive, and multi-disciplinary treatment but who do not require inpatient treatment. Psychoeducation refers to education on mental health topics to improve the consumer's behavioral, mental, or emotional condition. Psychoeducation may include communication skills, problem solving skills, anger management, and interpersonal communication.
- A licensed mental health professional or certified psychiatric nurse must perform a face-to-face evaluation/diagnostic assessment and authorize the services prior to initiation of service.
- An ISP must be completed by a QMHP within 30 days of service initiation.
- Services must be provided in accordance with the ISP.
- At a minimum, services are provided by qualified paraprofessionals under the supervision of a QMHP. (This will include current experienced staff who do not meet the criteria).
- Supervision by the QMHP or LMHP is demonstrated by a review of progress notes, the consumer's progress toward achieving ISP goals and objectives and recommendations for change based on the individual's status. Supervision must occur monthly. Documentation that supervision occurred must be in the consumer's clinical record and signed by the QMHP or LMHP. Individual, group, or a combination of individual and group supervision conducted by the QMHP or LMHP with paraprofessionals is acceptable.
- Paraprofessionals who do not meet the experience requirement listed in Chapter II, may provide services for Medicaid reimbursement if they are working directly with a qualified paraprofessional on site and supervised by a QMHP. The requirement for the direct supervision of paraprofessionals (who were employed as of January 1, 2000) will not be in effect until September 1, 2001. Please see the Medicaid Memo dated March 1, 2001 for details. Supervision must include on site observation of services, face-to-face consultation with the paraprofessional, a review of progress notes, the consumer's progress towards achieving ISP goals and objectives and recommendations for change based on the individual's status. Supervision must occur and be documented in the clinical record monthly.
- The program must operate a minimum of two continuous hours in a 24-hour period.
- A licensed mental health professional must perform a face-to-face evaluation and re-authorize services that are provided longer than 90 continuous days.
- If case management is being provided, there must be coordination with the case management agency.

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5. Require long-term services to be maintained in the community.

Required Activities

- Perform education to teach the patient about mental illness and appropriate medication to avoid complications and relapse and provide opportunities to learn and use independent skills and to enhance social and interpersonal skills within a supportive and normalizing program structure and environment.
- Prior to service initiation, there must be a face-to-face assessment by the OMHP and approved by the licensed mental health professional within 30 days which clearly documents the need for services.
- Within 30 days of service initiation, the ISP must be completed by a QMHP and must clearly document the need for the services
- Services must be provided in accordance with the ISP.
- At a minimum, services are provided by qualified paraprofessionals under the supervision of a QMHP. (This will include current experienced staff who do not meet the criteria).
- Supervision is demonstrated by the QMHP by a review of the consumer's progress towards achieving ISP goals and objectives and recommendations for change based on the individual's status. Supervision (this may be a group supervisory meeting with all paraprofessionals and a discussion of multiple consumers) must occur and be documented in the clinical record monthly.
- Paraprofessionals who do not meet the experience requirement listed in Chapter II may provide services for Medicaid reimbursement if they are working directly with a qualified paraprofessional on-site and supervised by a QMHP. The requirement for the direct supervision of paraprofessionals (who were employed as of January 1, 2000) will not be in effect until September 1, 2001. Please see the Medicaid Memo dated March 1, 2001 for details. Supervision must include on-site observation of services, face-to-face consultation with the paraprofessional (this may be a group supervisory meeting with all paraprofessionals and a discussion of multiple consumers), a review of the consumer's progress towards achieving ISP goals and objectives and recommendations for change based on the individual's status. Supervision must occur and be documented in the clinical record monthly.
- The program must operate a minimum of two continuous hours in a 24-hour period.
- If case management is being provided, there must be coordination with the case management agency.

Service Units and Maximum Service Limitations

- One unit of service is a minimum of two, but less than four, hours on a given day.

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- Paraprofessionals who do not meet the experience requirement listed in Chapter II, may provide services for Medicaid reimbursement if they are working directly with a qualified paraprofessional on site and supervised by a QMHP. The requirement for the direct supervision of paraprofessionals (who were employed as of January 1, 2000) will not be in effect until September 1, 2001. Please see the Medicaid Memo dated March 1, 2001 for details. Supervision must include on site observation of services, face to face consultation with the paraprofessional, a review of progress notes, the consumer's progress towards achieving ISP goals and objectives and recommendations for change based on the individual's status. Supervision must occur and be documented in the clinical record monthly.
- Review the ISP every three months, modify it as appropriate, and update and rewrite the ISP at least annually.
- Ensure that there is an active case management plan in effect, which includes monitoring and assessment of the provision of MH support services.